



MISSOURI DEPARTMENT OF REVENUE
**ESTIMATED TAX DECLARATION
FOR INDIVIDUALS**

2004
FORM
MO-1040ES

YOUR NAME (LAST, FIRST, INITIAL)

SPOUSE'S NAME (LAST, FIRST, INITIAL)

IN CARE OF NAME

ADDRESS (NUMBER AND STREET)

CITY, STATE, ZIP CODE

RETURN THIS FORM WITH CHECK OR MONEY ORDER PAYABLE TO:
**MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 555, JEFFERSON CITY,
MO 65105-0555**

MO 860-1858 (11-2003)

1. Primary Social
Security Number .. *

3. Secondary Social
Security Number .. *

4. Amount of this
Installment
(U.S. funds only) ..

\$

2. Primary
Name Control *

DOR USE ONLY

*

*

The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.

IF YOU WISH TO RECEIVE A PREPRINTED COUPON BOOK FOR THE REMAINDER OF 2004, PLEASE CHECK THIS BOX. (IT IS NOT NECESSARY TO CHECK THIS BOX FOR A 2005 BOOK, AS IT WILL BE AUTOMATICALLY ISSUED.) *

☐

1st QTR

(Calendar year—due
April 15, 2004)



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2nd QTR

(Calendar year—due
June 15, 2004)

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3rd QTR

(Calendar year—due
September 15, 2004)



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DOR USE ONLY

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4th QTR

(Calendar year—due
January 15, 2005)

PERF